PTO/SB/17 (10-08)
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E000	Complete if Known									
Fees pursuant to ti	Application Nu	Application Number 10/817,259								
FEE	Filing Date		April , 2004							
	First Named I	nventor	Donald L.	Gadberr	у					
Annlinent ole	aims small entity s	tatus Cas	97 CED 4 97	Examiner Nan	ne	Erezo, Da	arwin P.			
Applicant cla	Art Unit		3773							
TOTAL AMOUN	Attorney Dock	tet No.	A-3099-AL							
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 01-2215 Deposit Account Name: Applied Medical Resources										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and au			oublic. Ofecit card in	normadon snould	not be inc	naca on an		Wide Great dara		
FEE CALCULA	ATION									
1. BASIC FILIN			INATION FEES							
	FIL	ING FEES Small E		RCH FEES Small Entity	EXAI	MINATION Small				
Application 1	<u>ype</u> <u>Fee</u>				<u>Fee</u>	(\$) <u>Fee</u>		Fees Paid (\$)		
Utility	330	165	540	270	22	0 11	0			
Design	220	110	100	50	14	0 7	0			
Plant	220	110	330	165	17	0 8	5	*******		
Reissue	330	165	540	270	65	0 32	5			
Provisional	220	110	0	0		0	0			
2. EXCESS CLAIM FEES Small Entity										
Fee Description Each claim over 20 (including Reissues) Fee (\$) 52 26										
Each independent claim over 3 (including Reissues)							220	110		
Multiple der				390	195					
Total Claims 20 Extra Claims Fee (\$) Fee Paid						M	ultiple De	pendent Claims		
	20 or ## =) x .	52 = _	0		<u>F</u>	ee (\$)	Fee Paid (\$)		
HP ≈ highest nur Indep. Claims	mber of total claims 3 <u>Extra</u>			e Paid (\$)						
$\sqrt{-3}$ or HP = $\sqrt{}$ x 220 = 0										
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge):										
SUBMITTED BY	1, 1.			Posistration Na			I =			
Signature Registration No. 53,008 Telephone 949-713-828								<u> </u>		
Name (Print/Type)	John F. Heal						Date (/G/09		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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